



HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION

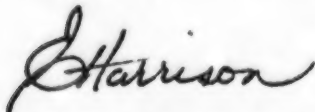
**Annual Report
1998-99**

The Honourable Pat Atkinson
Minister of Health
Legislative Assembly
Regina SK S4S 0B3

Dear Ms. Atkinson:

I am pleased to submit, for your consideration, the annual report of the Health Services Utilization and Research Commission for the fiscal period April 1, 1998 - March 31, 1999.

Respectfully submitted,

A handwritten signature in cursive script, reading "E.L. Harrison". The signature is written in dark ink and is positioned above the printed name and title.

E.L. Harrison, PhD, MSc, BPT
Chair

Health Services Utilization and Research Commission

The mission of the Health Services Utilization and Research Commission is to promote the wellness of the people of Saskatchewan by fostering the efficient and effective utilization of health services and by stimulating, funding, and promoting research in the healing arts and health sciences.

Box 46 103 Hospital Drive
Saskatoon SK S7N 0W8
Phone: (306) 655-1500
Fax: (306) 655-1462
www.sdh.sk.ca/hsurc

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Statement from the Chair

The past year was my second as chair of the Health Services Utilization and Research Commission. It was a busy 12 months, on both sides of our mandate. On the utilization research front, we carried forward the recommendations of our external review team, first consulting with system stakeholders in summer 1998, then holding our own strategic planning retreat in the fall. Based on these sessions and further discussion at the board level, we committed to redoubling our efforts in promoting evidence-based policy and practice in Saskatchewan. Starting this fall, we will be investing considerably more energy and resources in disseminating and ensuring uptake of health services research. The Commission has earmarked \$250,000, or about a quarter of our total utilization research budget, for research transfer activities and we will begin recruiting staff for this area in the summer. For more information on this exciting development, turn to the communications and research transfer section on page 9.

Waiting lists featured prominently on our agenda much of last year. In August, Health Canada released a study of waiting lists on which HSURC collaborated with researchers from Queen's University and the University of British Columbia. Among its conclusions was that, with the exception of cardiac care and radiation oncology, there are no standardized data to confirm the nature and extent of waiting list problems in Canada. A national workshop in November marked the official launch of the Western Canada Waiting List Project, an initiative supported by the federal government's Health Transition Fund. HSURC, the provincial government, Saskatchewan Medical Association, and Saskatoon and Regina health districts are joining forces with other project partners from British Columbia, Alberta, and Manitoba to develop tools to manage waiting lists in five areas intended to be representative of the health system generally.

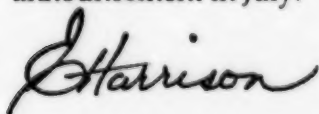
The Commission released two of its own research projects over the past year: an issues and directions paper on evaluating mental health services and an examination of Saskatchewan physicians' practices after the 1995 release of our cholesterol guideline. In the case of mental health services, we found that although some progress has been made in evaluating this area in Saskatchewan, there are barriers preventing providers from incorporating evaluation in the regular cycle of service delivery. Our cholesterol guideline received a passing grade from local physicians, many of whom appear to approve of and be applying it in their practice. Seven out of 10 doctors we surveyed reported that they used the decision aid, and six out of 10 rated it positively.

Securing noted population health expert Ron Labonte as founding director of the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) brought to a close a year in which much time was spent setting the new unit's legal structure and launching its operations. SPHERU's interim board, representing the province's two universities, Saskatchewan Health, SAHO, and HSURC, made headway in finding office space and working out details on the hiring of faculty. After staff are recruited in the coming year, SPHERU will begin drafting its research agenda with an eye to creating new knowledge and understanding around population health issues, promoting the use of new knowledge in decision makers' planning and policy making, and weaving the population health perspective into the training of providers.

The year past also saw us continue our lobbying efforts to secure more provincial funding to bolster Saskatchewan's declining health research capacity. Although the \$200,000 increase in our 1999 budget was only a small fraction of the \$5-million we had requested to begin offering matching funds, build priority research areas, and enhance support for attracting and holding graduate students and faculty, we're confident our proposal heightened recognition within government of the importance of sufficient investment in health research.

I look forward to the coming year at HSURC. Our increased commitment to ensuring evidence—ours and others—is applied to health policy and practice is an exciting challenge for the organization. We will be releasing the results of our study on the impact of the 1993 acute care funding cuts, a project whose findings will inject the first solid evidence into the debate over the role of small rural hospitals. As well, SPHERU will begin to take shape and carve out a niche for itself in both the provincial and national research communities.

The closing of the year brings to an end the tenure of our original chief executive officer, Steven Lewis. Steven did a masterful job recruiting, nurturing, and guiding staff through the organization's first seven years and played a key role championing the role of HSURC in Saskatchewan's health system. We have begun our search for the Commission's next CEO and expect to make a formal announcement in July.



E.L. Harrison, PhD, MSc, BPT
Chair, HSURC

General Information

Legislative authority and mandate

The Health Services Utilization and Research Commission is an arm's-length, government-funded agency with a dual mandate: to assess Saskatchewan's health system and recommend evidence-based changes, and function as the provincial health research granting agency. It was established by the province through an order-in-council in February 1992. HSURC now has its own provincial legislation, *The Health Services Utilization and Research Commission Act*, which received royal assent from Saskatchewan's lieutenant-governor on June 2, 1994.

Our legislation empowers us to do utilization research in addition to carrying on the granting agency mandate inherited from the Saskatchewan Health Research Board. Specifically, we are directed to:

- study the factors affecting the health of individuals or groups;
- study the factors affecting the use of health services and health services resources;
- study the effectiveness of health procedures, practices, and technologies;
- identify practical means to better utilize health services and health services resources;
- report to the Minister results of our studies and research, and make recommendations to the Minister based on studies and research;
- study matters respecting health services referred to us by the Minister;
- inform Saskatchewan residents and providers of health services of our study findings, or research funded by the Commission;
- provide reports, research, and consulting services to any person, agency, or body; and,
- fund and otherwise stimulate in Saskatchewan, studies of and research in the basic and clinical health sciences and the health-related social sciences pertaining to human health status.

Structure

Under the HSURC Act, the chair and vice-chair are designated by the lieutenant-governor.

Commission members may hold office for up to three years per term. They are eligible to be reappointed but for not more than two consecutive terms.

At least two commissioners must be faculty of the University of Saskatchewan, and at least one must be faculty of the University of Regina.

Appendix 1 lists the board members who served during 1998-99.

Staff

As of March 31, 1999, the HSURC core staff comprised:

Steven Lewis, Chief Executive Officer

Greg Basky, Communications Manager

June Bold, Director of Grants and Awards

Bonnie Brossart, Research Officer

Kelly Chessie, Research Officer

Jeanette Foreman, Research Officer

Joanne Hader, Research Officer

Barb Nisbet, Administrative Support

Laurie Thompson, Senior Research Officer

Robin White, Research Officer

Sherry Wailing, Accounting Clerk

Val Ziegler, Administrative Support

Utilization Research

How we conduct research

For each study, the Commission establishes a working group of stakeholders that is chaired by a board member. Our goal is to assemble multi-disciplinary, representative panels to guide projects. Group composition is determined largely by the study topic. Specialists, general practitioners, nurses, administrators, and representatives of other health occupations and the public have participated on our working groups.

For most studies, the working group chair and HSURC staff draft terms of reference. This information is presented to the group for review and revision at its first meeting, along with a review of the health sciences literature and any data that have been collected.

Working group members generate study questions and hypotheses, advise the Commission on data collection and analysis, guide the work of research staff, review drafts, and develop recommendations. Appendix 2 lists working group members for HSURC studies.

Projects completed in 1998-99

Evaluating mental health services

Mental illness is costly in terms of its impact on individuals and the health system. In any given six-month period, 12 per cent of Saskatchewan residents are affected by a diagnosable mental disorder. Every year, Saskatchewan spends more than \$100-million providing mental health services.

Making evaluation an integral component of service delivery is key to ensuring that resources invested in this area are used effectively and efficiently. As part of a larger study evaluating the use of mental health services, HSURC reviewed policy and evaluation trends in mental health services, and assessed the Saskatchewan environment with respect to evaluation initiatives.

We found that while some progress has indeed occurred, barriers prevent providers and managers from incorporating evaluation into the regular cycle of service delivery. These include a lack of high-quality data and evaluation resources, and conflicting service and administrative boundaries.

In September 1998, we released a document summarizing our work in this area. In it we recommended the province and districts invest more resources in evaluating mental health services.

Cholesterol management by Saskatchewan physicians

In November 1995 HSURC released an evidence-based guideline for cholesterol testing and treatment. It was the product of two years' work by a working group of health professionals that reviewed research evidence, other guidelines, and data on cholesterol testing and treatment in Saskatchewan. The guideline was officially supported by the Heart and Stroke Foundation of Saskatchewan, released in a news conference that received wide coverage in the provincial media, presented at grand rounds in Regina and Saskatoon, and mailed to all Saskatchewan physicians.

To assess the guideline's impact, HSURC surveyed a sample of Saskatchewan physicians before and after release of the guideline about how they manage patients with elevated cholesterol levels. The pre/post surveys spanned a 14-month period during which no other Canadian or Saskatchewan cholesterol guideline was issued.

We found Saskatchewan physicians made moderate changes in their practice patterns to become more consistent with recommendations in

our guideline. However, testing and treatment practices before the HSURC guideline were already largely consistent with the decision tool. Physicians appeared to adopt the guideline in areas where professional opinion was divided, but ignored recommendations that ran contrary to consensus in the medical community. Doctors' demographic characteristics predicted little of the variation in practice patterns or changes in those patterns.

About 70 per cent of physicians reported they used the guideline; approximately 60 per cent rated the guideline favourably and indicated they wanted more such guidelines. Physicians were significantly more likely to report using the guideline if they believed their colleagues were doing so.

Current projects

Hospital utilization patterns

The goal of this project is to provide district health boards, providers, and the public with information on the impact of the 1993 acute care funding cuts to 52 small rural hospitals. The majority of these facilities were subsequently converted to health centres. Our multi-faceted province-wide study will look at hospital use patterns and health status for affected communities and throughout the province from 1990 to 1996; rural residents' perceptions of the impact

of these funding cuts on their health status, use of health services, community viability, and on health reform in general; and how communities responded to these changes.

During the fall and winter of 1998-99, we collected administrative data and conducted both a public survey and focus group interviews. We spoke to close to 5,300 rural residents by phone and 150 people in focus group discussions held in 10 affected communities. Both qualitative components of this project are supported by grants from the federal Health Transition Fund. We plan to release results from this study in the fall of 1999.

Promoting optimal drug prescribing

Although drug therapy can be very effective and cost-effective, it can lead to adverse patient outcomes and shift resources from other important health services when used inappropriately. Appropriate prescribing is a key element of optimal drug use. Physicians, however, face significant challenges in prescribing appropriately.

An advisory panel of key local stakeholders met several times this past year to review evidence on the effectiveness of different strategies for promoting optimal prescribing, consider the current Saskatchewan environment, and identify priority areas in which to develop

recommendations aimed at achieving optimal prescribing. Staff prepared a draft summary report of the research findings and advisory panel recommendations in late 1997. In early 1998, the panel's chair and our CEO met with several key stakeholders to discuss issues relating to the recommendations.

A joint meeting of all key stakeholders has been scheduled for April 1999. The main purpose of this session is to garner support from all parties for the recommendations and to discuss strategies for implementation. We expect to release the summary report and recommendations shortly thereafter.

In January, we received notice that a collaborative study involving Saskatchewan Health, the Saskatchewan Pharmaceutical Association, and HSURC had received federal Health Transition Fund support. The goal of this project will be to identify the most effective and least costly combination of physician prescribing and public education initiatives to achieve both optimal antibiotic drug prescribing and full drug adherence. HSURC's role in the study will be minimal, with staff providing guidance on research methods and analysis only as required.

Assessing lengths of stay, acuity ratings, community service use and outcomes for hospitalized psychiatric patients

We are conducting this pilot study in cooperation with three Saskatchewan health districts: Prince Albert, Saskatoon, and East Central. The project is designed to explore the use of psychiatric hospitals, the role various factors play in contributing to variation in the length of hospital stay, and the relationship between length of stay and subsequent community service use. We enrolled consenting patients admitted to psychiatric hospitals, and assessed their:

- acuity of hospitalization; clinical status on admission, discharge, and follow-up;
- individual, treatment, and environmental factors associated with varying lengths of stay; and
- referral to, and subsequent use of, community services after hospital discharge.

We will then link this information to Saskatchewan Health administrative data on readmissions and previous hospitalization.

Exploratory study of the impact of supportive services on elderly clients

This is the second in our series of studies looking at the cost-effectiveness of home care. We are using administrative data to examine the effects of preventive home care (i.e., low-level home care, typically involving services such as homemaking and meals) on Saskatchewan seniors. Specifically, we are exploring whether this service reduces seniors' risk of death and loss of independence (defined as an admission to long-term care or death). We are planning to release our study results in Spring 2000.

Evaluation of HSURC clinical practice guidelines

Clinical practice guidelines (CPGs), are an increasingly common element of today's health care environment. Nevertheless, there remains much uncertainty about whether these evidence-based tools have a positive and sustained impact on physician practices.

With funding from the Medical Research Council and in collaboration with the Saskatchewan Medical Association, we will examine the impact of six guidelines developed by the Health Services Utilization and Research Commission. These guidelines have addressed use of thyroid, electrocardiogram, prostate specific antigen, cholesterol, and prenatal

ultrasound tests; and cholesterol-lowering medications. Our objectives for the project are threefold:

- determine the overall effect of the guidelines on service utilization;
- assess physicians' self-reported attitudes and behaviours regarding HSURC's guidelines and guidelines generally; and
- increase our understanding of the factors contributing to adoption (or non-adoption) of guidelines.

We will conduct interviews with a sample of physicians, a province-wide survey of physicians, and analyse utilization data. One significant component of this project will be our linking anonymized physician self-report information from surveys to actual utilization data. The entire project is expected to take three years to complete.

The optimal rural emergency service system

The second part of our examination of emergency services is a study of pre-hospital emergency care. Our objective is to help Saskatchewan's rural health districts deliver effective and efficient pre-hospital services. We are analysing existing information systems to assess the reliability and validity of provincial ambulance data. If the quality of the data permits, we will link ambulance data to emergency department and inpatient data, in an attempt to

identify best practices in the delivery of pre-hospital emergency services.

Communications and research transfer

Forging closer ties with our audiences

The fiscal year past was a pivotal one on the communications and research transfer front at HSURC. The decision by our board this spring to begin investing a quarter of our \$1-million utilization budget in dissemination and to hire dedicated research transfer staff capped an 18-month process of assessment and planning that included an external review of our utilization research mandate, meetings with system stakeholders, and a strategic planning retreat involving board and staff.

A three-member, out-of-province review panel concluded we need to strengthen our partnership and collaborative efforts with audiences, improve and clarify the processes by which we rank items on our agenda, and bolster our efforts to ensure findings and recommendations are acted upon.

At follow-up meetings in Saskatoon and Regina, system stakeholders said they want more direct, face-to-face contact with us. Our audiences want increased, meaningful involvement in agenda setting, more partnerships and collaboration in

research, and closer ties during dissemination and implementation of results. Stakeholders said we should invest more in marketing our message, even if that means cutting back on the number of projects we conduct.

Extra! Read all about it

This spring we launched an electronic news clipping service that provides subscribers with a daily digest of Canadian and international research and policy stories and web links. Visitors who sign up through our web site receive in their e-mail inbasket daily items drawn from Canada's three major daily newspapers, the Pointcast Network, and the major medical journals. What started as an in-house service for our research staff has quickly blossomed into a mailing list that numbers in the hundreds.

HEALNet Regional Health Planning

In 1998-99, HSURC continued its participation in the national Network of Centres of Excellence (NCE) research program called HEALNet (Health Evidence and Application Linkage Network).

HEALNet is supported by the Medical Research Council and the Social Sciences and Humanities Research Council, in partnership with Industry Canada. In 1995, HEALNet initially received a 3.5-

year grant to embark on a project to identify methods and instruments to assist evidence-based decision making in health. Headquartered at McMaster University, the project has components across Canada. Saskatchewan's theme – Regional Health Planning – is based at HSURC. It focuses on decision-making at the district level, within the context of health reform and the wellness model. Researchers and district health boards are working together to develop decision-making aids. In 1998, HEALNet developed a renewed strategic plan and its membership in the NCE program was extended, with funding confirmed to 2002.

Steven Lewis of HSURC is the Regional Health Planning theme leader and works with researchers from Saskatchewan and other provinces. Project staff include full-time co-ordinator, Denise Kouri, researcher Joanne Barry, and secretary Barbara Crockford.

In 1998-99, project principal investigators – in addition to Steven Lewis – included: Harley Dickinson, Department of Sociology, University of Saskatchewan; Jeremiah Hurley, Centre for Health Economics and Policy Analysis, McMaster University; Cam Mustard, Manitoba Centre for Health Policy and Evaluation; and Jack Williams, Institute for Clinical Evaluative Sciences.

Activities in 1998-99 included:

Maintaining a working relationship with six health boards and Saskatchewan Health

The RHP methodology is based on developing decision tools in cooperation with Saskatchewan district health boards and senior management. The HEALNet Regional Health Planning (RHP) Theme formed partnerships with six district health boards in Saskatchewan: Saskatoon, Moose Jaw-Thunder Creek, Central Plains, Northwest, Pipestone, and Southwest, and with Saskatchewan Health (District Support Branch). The research team and the representatives from the districts and Saskatchewan Health collaborated over the year about the research activities and products.

Conducting case studies of health board – community interactions

In Saskatchewan, regionalization of health care has introduced a mandate to increase community involvement. In 1998-99, HEALNet RHP carried out case studies in Moose Jaw-Thunder Creek and Northwest health districts to explore this issue. The studies were conducted by Lori Hanson. The research documented local contexts of regionalization, providing examples of how boards interact with district members and constituencies. The studies used

qualitative methods to analyse data from primary and secondary sources, including key informant interviews, existing documents, and observation of board meetings and workshops. Throughout the project, feedback committees in each district helped establish research validity by offering feedback and verification of study findings.

Strategies for informed democratic decision making: Workshops for boards and managers

Four of the six health districts piloted a course for board members and managers designed to develop critical and creative thinking around information and decision-making in health care. The content uses a population health perspective and integrates issues of community relationships. Decision making is treated as an activity requiring complex thinking – with elements of critical and creative thinking, as well as content knowledge about health and health care. Decision makers are encouraged to assess each prospective decision in terms of the needs of the *decision* and to thereby make strategic choices about how to approach it. Course methods are interactive and based on adult learning principles. Piloting began in early 1998 and continued into early 1999. Modules include an introduction to decision making, influences on decision making, working with communities,

population health concepts, evaluation, and governance.

Explorations of evidence

In 1998, four of the RHP-partnered health districts agreed to participate in a two-year study examining the conceptualization of evidence by district board members. The study is being conducted by Harley Dickinson, in collaboration with Carole Estabrooks of the University of Alberta and Susan Robertson of the University of Saskatchewan.

Information sharing and liaison

Regionalization is generating increasing levels of interest across Canada. HEALNet RHP has responded to this interest by disseminating its findings and emerging questions about regionalization to others in Saskatchewan and in Canada by various means, including brochures, articles and presentations, and by establishing contact with other interested agencies.

HEALNet Regionalization Research Centre

As part of the renewal of HEALNet's strategy, plans were formulated to expand the work of RHP into a centre for research on regionalization, with a national mandate. Its goals would be to promote the study of regionalization as an innovation and to provide an

avenue for Canadian regional health authorities to meet their research needs in relevant and helpful ways. The Centre will be initiated in July 1999 and will continue to be housed at HSURC.

Research Funding

Overview

The Commission's research-funding mandate encompasses two broad areas of activity. One is offering financial support for health research done in universities and other agencies in Saskatchewan. We do this mainly through annual research funding competitions. The other is stimulating and promoting health research within the province. We do this through various initiatives, often in partnership with other key players in the health and university environments. Our current initiatives are described later in this section.

The Commission's research funding budget this year was just under \$2-million, made up of our annual allotment from the provincial government, interest revenue, and returned grant funds. Of this, about \$1.3 million was allocated to new grants and awards, \$500,000 to support the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), and about \$100,000 to administration.

Competition categories

Because of our limited budget, we target our financial support in select areas. HSURC offers

individual research grants to help new health researchers establish their careers and to encourage growth in social science health research. We also support advanced research training through our personnel awards. The Commission holds regular annual competitions in these three priority areas, enlisting the advice of research experts to evaluate all applications (our review process is described below).

The *HSURC Awards Guide*, published annually in December, describes fully all competition categories and related policies, including eligibility criteria and submission requirements. A brochure, the *HSURC Awards Prospectus*, provides a brief overview of our programs and is also published annually.

During the 1998-99 fiscal year, we invited applications in the following categories:

Biomedical Establishment Grants are intended to help new biomedical researchers establish their research careers in Saskatchewan. Successful applicants receive up to \$35,000 per year for a maximum of two years. These grants are nonrenewable.

Socio-Health Research Grants are available to researchers in Saskatchewan doing social science research related to health. The grants

provide a maximum of \$35,000 per year for up to two years.

Socio-Health Research

Development Grants help researchers develop the elements essential to the preparation of a subsequent, full-scale health research project. Eligible researchers are those establishing a new research focus. The one-year awards offer a maximum of \$5,000.

Research Fellowships:

Postdoctoral Fellowships are available to people with a doctorate degree who want to develop their research skills through a period of independent, full-time investigation, and to equip themselves for a career in health research. The fellowship stipend is \$29,590 in year one and \$31,540 in year two.

Clinical Research Fellowships are intended for people with professional degrees in a human health area (e.g., medicine, dentistry, and pharmacy) who wish to pursue a career as a clinician researcher (i.e., conduct research while remaining in practice). Funding for the two-year fellowships is based on experience and training, and starts at approximately \$30,000 per year.

Establishment Equipment Grants allow new researchers to acquire major equipment essential to establishing their research programs.

Only Establishment Grant applicants are eligible to apply for these awards, which offer a maximum of \$30,000.

Conference Grants of up to \$5,000 are available to support conferences related to the development of health research in Saskatchewan. Eligible conferences cannot be part of a regularly held series.

Review process

All eligible grant and award applications are reviewed by committees of experts from related health disciplines. Each review committee is chaired by a member of the Commission, with other members drawn from the Saskatchewan research and health care community. During 1998-99, we had three review committees: the Biomedical, Socio-Health, and Personnel Awards Review Committees. Committee members are listed in Appendix 3.

Personnel award applications and socio-health development grant applications are assessed solely by HSURC review committees. All other research grant applications are reviewed by two out-of-province experts. These external reviews form an essential part of our review committees' deliberations. Review committees assess applications on the basis of scientific merit and consider each project's importance to the health field. Committee members adjudicate and rank applications

and, based on those results, make funding recommendations to the Commission. Final award decisions depend on the Commission's available resources.

Ensuring accountability

We have established a number of mechanisms to ensure the public receives the best possible value for its investment in health research. The Commission assesses all grant applications on the basis of rigorous peer review, strict rules and eligibility criteria, and ethical guidelines. All successful applicants must submit interim and final reports, and HSURC tracks grant recipients' subsequent research successes (e.g., publications and further grant funding). We review our grant programs periodically to ensure they continue to meet our goals for health research development in Saskatchewan. We also monitor research trends and the activities of other provincial and national research funding agencies.

Profile of the Nineteenth General Competition (1998-99)

Table 1 summarizes the 1998-99 Competition, showing the number of applications received, the number recommended for funding by the peer-review committees, and the number actually funded.

Demand for biomedical establishment grants remained relatively steady at 16 applications. This was somewhat surprising, as we had expected increased numbers after lifting – at the urging of the research community – an eligibility restriction that applied to researchers with national grants. The lack of growth likely reflects the continuing low numbers of new university faculty being hired in recent years. Of the 16 requests, we funded nine, three of which included equipment grants. The total of \$488,399 was up slightly from our five-year average and went to support faculty beginning their research careers in a variety of areas including biology, kinesiology, pathology, and physical therapy.

There were 17 applications in the socio-health area, a number that mirrors the five-year average. We funded all six applications recommended by the review committee, an investment totalling \$328,817. This is up considerably from last year's total. The grants include one for establishment support, one development grant, and four research operating grants. Topics under study span a broad range, from the long-term effects of adverse birth outcomes to farm women's health and seniors' perceptions of illness and healing.

Competition for research fellowships continues to be vigorous. At 25, the number of applications is up both from last year's 19 and from the five-

year average of 23. We awarded 11 postdoctoral research fellowships, including seven new two-year awards and four renewals for a third year. The total investment was \$510,905, which is up once more over the five-year average. This is again due to the availability of funds returned from fellowships ending early. These early terminations reflect the growing opportunities for highly skilled workers, since research fellows who leave early are usually moving on to positions as university faculty members or research scientists.

In summary, the Commission funded just over \$1.3-million in new health research in Saskatchewan. Appendix 4 lists all successful 1998-99 applicants and their research topics.

Other initiatives

Investing in health through health research

This is the title of a proposal for increased funding that we submitted to the provincial government in July 1998, on the advice of our Research Funding Advisory Committee. The committee, established to advise us about our funding programs, policies, and procedures, strongly recommended that HSURC immediately attempt to increase its budget to help revitalize Saskatchewan's declining health

research capacity. We asked for a \$5-million increase to establish three new types of support: matching funds for the many national funding programs requiring local investments; building priority research areas; and improving support for attracting and retaining graduate students and faculty.

We had wide support for our funding lobby from the research community, as evidenced by the many letters and e-mail messages sent to government politicians and administrators on our behalf. However, when the provincial budget was announced in spring 1999, our budget for the next fiscal year grew by only \$200,000, or 4% of our requested increase. Despite this disappointing outcome, we believe that many in government have a better awareness of the importance of investing adequately in health research, for the benefit of health care, the health system, and the economy. We also established some very positive partnerships that will no doubt lead to future joint initiatives benefiting health research in Saskatchewan.

SPHERU

The Commission is one of the partners that fund and govern the new Saskatchewan Population Health and Evaluation Research Unit (SPHERU), a new initiative described in last year's report. With funding arrangements set last year, 1998-99 was a year of defining and

formalizing SPHERU's legal structure and getting the unit operational. An interim board was charged with these tasks. Chaired by Dr. Ralph Nilson, the board represented all the partners: the University of Saskatchewan, the University of Regina, Saskatchewan Health, Saskatchewan Association of Health Organizations, and HSURC. The interim board made considerable progress in negotiating agreements between SPHERU and the Universities of Regina and Saskatchewan about faculty hiring, office space, and management of finances.

Another top priority during the year was recruiting a director. By year's end, negotiations were underway with Dr. Ron Labonte, who agreed to be SPHERU's founding director. With that key step accomplished, SPHERU will turn its attention in the coming year to recruiting approximately eight research faculty and laying out a research framework to guide its first few years.

Generally, SPHERU will aim to create new knowledge and understanding of population health issues; promote the use of the new knowledge in health planning and policy development; and incorporate a population health perspective into the education of health professionals. Possible areas of study are the determinants of health, healthy public policy, evaluation and health planning, and health informatics. The director, faculty, and board will

work together to select focal research areas and specific projects. The coming year promises to be one of exciting growth for population health research in Saskatchewan.

Improving access to health data for research

Our province maintains comprehensive databases tracking the population's use of various health services, including hospital and physician services and prescription drugs. Linking information from these sources is possible because of the unique health number each Saskatchewan citizen is assigned. Mostly used for administrative purposes, the databases contain information that can be useful for planning and evaluating health service delivery and for studying the epidemiology (the incidence and distribution patterns of illnesses and health-seeking behaviours) that could inform better health system planning. In short, the databases are potentially very valuable research tools.

Due to certain historical conditions, however, access to these databases for research has been costly and slow. This year, the Health Research Liaison Committee, with representatives from Saskatchewan Health, the University of Saskatchewan, the University of Regina, and HSURC, tackled the task of creating a new policy that would allow quicker and more affordable

data access for research, while also respecting the nature of the information. On February 1, 1999, a new policy came into effect and its impact will be monitored over the coming year.

Directions for 1999-2000

In the coming year, our board will be considering how best to invest its new \$200,000 to achieve the greatest impact in the health research environment. In light of the new Canadian Institutes of Health Research announced by the federal government in February 1999, it may be wise to invest this new money into positioning Saskatchewan's researchers to take advantage of not only greater national funding but also a broadening of the types of health research that will be supported.

Finally, after an intense year of working to increase our research-support budget with only very modest success, we will also take some time to think about other options for securing more resources. Once again, we will be looking to our Research Funding Advisory Committee for guidance in this area.

Next year will mark the 20th anniversary of our work as the province's health research funding agency. This work began in 1979 under the Saskatchewan Health Research Board and continued under HSURC when it was established in 1992. We plan to celebrate the

milestone with a research day and dinner in the fall, around the time we normally hold our annual reception honouring grant and award recipients. After 20 years of funding experience and with a new millennium on the horizon, this will be an opportune time to reflect on our achievements and future goals.

Table 1
Summary of Eligible Applications Received, Recommended, and Funded
General Competition, Competition 19 (1998-99)

Grant Category	Received		Recommended		Funded	
	No.	\$ Requested	No.	\$ Requested	No.	\$ Requested
Biomedical Establishment	16	\$1,064,240	9	\$584,045	7	\$444,677
Biomedical Equipment	5	85,887	4	55,887	3	43,722
SUBTOTAL	21	\$1,150,127	13	\$639,932	10	\$488,399
Socio-Health Establishment	4	241,129	1	69,767	1	69,767
Socio-Health Research	12	587,359	4	254,075	4	254,075
Socio-Health Development	1	4,975	1	4,975	1	4,975
SUBTOTAL	17	\$833,463	6	\$328,817	6	\$328,817
Postdoctoral Fellowships	25	1,436,490	14	745,660	11	510,905
SUBTOTAL	25	\$1,436,490	14	\$745,660	11	\$510,905
Conference Grants	2	\$10,000	2	\$10,000	2	\$10,000
TOTAL	65	\$3,430,080	35	\$1,724,409	29	\$1,338,121

Appendices

Appendix 1

Commissioners April 1/98 - March 31/99

Elizabeth Harrison (Chair)
Director, School of Physical Therapy
University of Saskatchewan
Saskatoon, SK

Jerry Danielson
Family Physician
Prince Albert, SK

Dan de Vlieger
Professor, Dept. of Political Science
University of Regina
Regina, SK

Marianne Hodgson
Managing Consultant
Hodgson Consulting
Regina, SK

Cecile Hunt
Director of Health Services
North Central Health District

James Irvine
Medical Health Officer
Northern Health Districts
La Ronge, SK

Barry Maber
Physician Vice-President
Saskatoon District Health
Saskatoon, SK

Robert McCulloch
Associate Vice-President, Academic
University of Regina
Regina, SK

Jean Morrison
CEO
Parkland Health District
Spiritwood, SK

Paul Peloso
Physician
Rheumatology / Immunology
Royal University Hospital
Saskatoon, SK

Appendix 2

Study Working Groups

Promoting Optimal Drug Prescribing Advisory Panel

Paul Peloso (Chair)
Physician
Rheumatology/Immunology
Royal University Hospital
Saskatoon, SK
HSURC Board Member

Dean Ast
Pharmacist
Regina, SK

Dean Bradley
Community Care Co-ordinator
Saskatchewan Pharmaceutical
Association
Regina, SK

Sharon-Lee Chesley
Project Supervisor, Evaluation and
Research
Prince Albert Health District

Penelope Davis
Family Physician
Saskatoon, SK

Stewart McMillan
Family Physician
Regina, SK

Jane Richardson
Pharmacist
Saskatoon, SK

Mickey Rostoker
Representative, Saskatchewan
Medical Association
Regina, SK

Barbara Shea
Executive Director
Drug Plan and Extended Benefits
Saskatchewan Health
Regina, SK

Sara Whitehead
Medical Health Officer
Northern Inter-Tribal Health
Authority
Prince Albert, SK

Emergency Services: Best Practices

Jerry Danielson (Chair)
Family Physician
Prince Albert
HSURC Board Member

Jim Cross
Medical Director
Emergency Medical Services
Prince Albert Health District

Murray Goeres
Director of Facilities
Moose Mountain Health District

Barb Krikau
Chair
Gabriel Springs Health Board

Ian Larocque
General Manager
Humboldt Ambulance

Pat McWatters
Director of Utilization and Research
Battlefords Health District

Janet McVicar
Health and Social Development
Meadow Lake Tribal Council

Glen Perchie
Director
Emergency Medical Services
Regina Health District

Hospital Utilization Patterns in Small Rural Communities

Jerry Danielson (Chair)
Family Physician
Prince Albert, SK
HSURC Board Member

Marianne Hodgson
Managing Consultant
Hodgson Consulting
Regina, SK
HSURC Board Member

James Irvine
Medical Health Officer
Northern Health Districts
La Ronge, SK
HSURC Board Member

Murray Knuttila
Dean of Arts
University of Regina
Regina, SK

Bernice MacDougall
Consumer Representative
Regina, SK

Russ MacPherson
Consumer Representative
Outlook, SK

Rose Olfert
Department of Agricultural
Economics
University of Saskatchewan
Saskatoon, SK

Michael Smith
Physician
Lucky Lake, SK

Sandy Weseen
Care Coordinator
Home Care/Community Services
North Central Health District

Cost Effectiveness of Home Care

Cecile Hunt (Chair)

Director of Health Services
North Central Health District
HSURC Board Member

Rene Blom

Manager
Prince Albert Housing Authority
Prince Albert, SK

Ethel Harmel

Director of Health Services
Twin Rivers Health District

Stewart McMillan

Family Physician
Regina, SK

Suellen Beatty

CEO and Director of Resident Care
Sherbrooke Community Centre
Saskatoon, SK

Betsy Bury

Consumer
Saskatoon, SK

Bert Linklater

Director, Regina and East Districts
District Management Services
Saskatchewan Health
Regina, SK

Sheila Mulatz

Program Coordinator
Southwest Health District

Susan Neville

Director, Long Term Care
Regina Health District

Melanie Woods

Care Coordinator
Parkland Care Centre
Melfort, SK

Appendix 3

Grants and Awards Review Committees

Biomedical Review Committee

Liz Harrison (Chair) (2)
School of Physical Therapy
College of Medicine
University of Saskatchewan
Saskatoon, SK

William Chapco (2)
Dept. of Biology
Faculty of Science
University of Regina
Regina, SK

Harry Deneer (3)
Dept. of Microbiology
College of Medicine
University of Saskatchewan
Saskatoon, SK

John Ellis (2)
Dept. of Veterinary Microbiology
Western College of Veterinary Medicine
University of Saskatchewan
Saskatoon, SK

Vern Hoeppner (1)
Dept. of Medicine
College of Medicine
University of Saskatchewan
Saskatoon, SK

Anthony Magliocco (3)
Dept. of Pathology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Dorothy Middleton (2)
Dept. of Veterinary Pathology
Western College of Veterinary Medicine
University of Saskatchewan
Saskatoon, SK

Gillian Muir (2)
Dept. of Veterinary Physiology
Western College of Veterinary Medicine
University of Saskatchewan
Saskatoon, SK

Susan Whiting (1)
Division of Nutrition and Dietetics
College of Pharmacy and Nutrition
University of Saskatchewan
Saskatoon, SK

Figures in parentheses indicate number of years served, including current competition.

Socio-Health Review Committee

Paul Peloso (Chair) (2)

Division of Rheumatology/
Immunology
Dept. of Medicine
College of Medicine
University of Saskatchewan
Saskatoon, SK

Gordon Asmundson (1)

Clinical Research & Development
Program
Regina Health District
Wascana Rehabilitation Centre Division
Regina, SK

Glen Beck (2)

Dept. of Economics
College of Arts and Science
University of Saskatchewan
Saskatoon, SK

Nikki Gerrard (2)

Saskatoon Mental Health Clinic
Saskatoon, SK

Sandra Kirby (1)

Dept. of Sociology
University of Winnipeg
Winnipeg, MB

Mary MacDonald (3)

College of Nursing
University of Saskatchewan
Saskatoon, SK

Muriel Montbriand (1)

Applied Research Unit
Dept. of Psychiatry
College of Medicine
University of Saskatchewan
Saskatoon, SK

Cory Neudorf (1)

Director of Research
Saskatoon District Health
Saskatoon, SK

Mary Rose Stang (3)

Population Health Branch
Saskatchewan Health
Regina, SK

Marja Verhoef (2)

Dept. of Community Health Sciences
Faculty of Medicine
University of Calgary
Calgary, AB

Figures in parentheses indicate number of years served, including current competition.

Personnel Awards Review Committee

Dan de Vlieger (Chair) (3)

Dept. of Political Science
Faculty of Arts
University of Regina
Regina, SK

Brenda Allan (3)

Veterinary Infectious Disease
Organization
University of Saskatchewan
Saskatoon, SK

Karen Chad (1)

College of Kinesiology
University of Saskatchewan
Saskatoon, SK

David Cotton (2)

Division of Respiriology
Dept. of Medicine
College of Medicine
University of Saskatchewan
Saskatoon, SK

Marion Jackson (3)

Dept. of Veterinary Pathology
Western College of Veterinary Medicine
University of Saskatchewan
Saskatoon, SK

Rod Kelln (2)

Dept. of Chemistry
Faculty of Science
University of Regina
Regina, SK

Patrick Krone (3)

Dept. of Anatomy and Cell Biology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Vikram Misra (1)

Dept. of Veterinary Microbiology
Western College of Veterinary Medicine
Saskatoon, SK

Adil Nazarali (2)

College of Pharmacy and Nutrition
University of Saskatchewan
Saskatoon, SK

David Schreyer (1)

Cameco MS Neuroscience Research Unit
Dept. of Anatomy & Cell Biology
College of Medicine
Saskatoon, SK

Figures in parentheses indicate number of years served, including current competition.

Research Funding Advisory Committee

Liz Harrison (Chair)

School of Physical Therapy
College of Medicine
University of Saskatchewan
Saskatoon, SK

Glen Beck

Dept. of Economics
College of Arts and Science
University of Saskatchewan
Saskatoon, SK

Keith Denford

Faculty of Science
University of Regina
Regina, SK

Dan de Vlieger

Dept. of Political Science
Faculty of Arts
University of Regina
Regina, SK

Thomas Hadjistavropoulos

Dept. of Psychology
Faculty of Arts
University of Regina
Regina, SK

Rod Kelln

Dept. of Chemistry
Faculty of Science
University of Regina
Regina, SK

Barry McLennan

College of Medicine
University of Saskatchewan
Saskatoon, SK

Paul Peloso

Division of
Rheumatology/Immunology
Dept. of Medicine
College of Medicine
University of Saskatchewan
Saskatoon, SK

Valerie Verge

Dept. of Anatomy and Cell Biology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Susan Whiting

Division of Nutrition and Dietetics
College of Pharmacy and Nutrition
University of Saskatchewan
Saskatoon, SK

Appendix 4

Awards Granted

Competition 19 (1998-99)

Research Fellowships

Fellow (Supervisor), Department, Institution, *Project or field of research*

New two-year awards:

Huse Kamencic (B. Juurlink)

Anatomy and Cell Biology, Medicine, University of Saskatchewan

Antioxidants strategy in spinal cord injury

Radhey Kaushik (P. Griebel)

Veterinary Infectious Disease Organization, University of Saskatchewan

Delivery of oral vaccines

Karen Kimura (D. Schreyer)

Anatomy and Cell Biology, Medicine, University of Saskatchewan

Characterization of a target-derived activity that represses GAP-43 expression in cultured, adult DRG neurons

Cristofre Martin (P. Krone)

Anatomy and Cell Biology, Medicine, University of Saskatchewan

The cloning and expression characterization of the zebrafish hsp10 and hsp60 genes and their shared promotor

Lingyun Wu (B. Juurlink)

Anatomy and Cell Biology, Medicine, University of Saskatchewan

Oxidative stress and γ -glutamyl-cysteinyl synthase in the CNS

Sheng-Qian Wu (V. Gopalakrishnan)

Pharmacology, Medicine, University of Saskatchewan

Vascular complications in diabetes mellitus: role of endothelin (ET) system

Hong Yang (R. Chen)

Biochemistry, Medicine, University of Saskatchewan

Redesign of human neutrophil elastase as a model prodrug activating enzyme for cancer therapy

Renewals for a third year:

Palok Aich (J. Lee)

Biochemistry, Medicine, University of Saskatchewan

M-DNA, a new electron conducting form of DNA: medical application

Mohit Baxi (S. Tikoo)

Veterinary Infectious Disease Organization, University of Saskatchewan

Developing E4 deleted bovine adenovirus as a live virus vector

Dr. Yulin Deng (P. Yu)

Psychiatry, Medicine, University of Saskatchewan

Involvement of deamination of methylamine and aminoacetone by SSAO in diabetic complications

Dr. Ray Lu (V. Misra)

Veterinary Microbiology, Western College of Veterinary Medicine, University of Saskatchewan

Role of host cell factor (HCF), a protein required for the initiation of herpesvirus gene expression, in cell proliferation

Biomedical Establishment Grants

Angela Busch	35,000	98-99
Physical Therapy, Medicine, University of Saskatchewan	35,000	99-00
<i>A comparison of physical therapy and fitness training for fibromyalgia</i>		
Philip Chilibeck	35,000	98-99
Physical Education, University of Saskatchewan	19,210	99-00
<i>Post-menopausal osteoporosis in Saskatchewan: prevention with exercise and bisphosphonate therapy</i>		
John DeCoteau	34,996	98-99
Pathology, Medicine, University of Saskatchewan	34,471	99-00
<i>DNA mismatch repair in human acute leukemia</i>		
Susan Kaminskyj	12,500	98-99
Biology, Arts and Science, University of Saskatchewan	30,500	99-00
<i>Genetic control of cell growth and survival in the fungus, aspergillus</i>		
Rajala Raju	35,000	98-99
Saskatoon Cancer Centre, University of Saskatchewan	35,000	99-00
<i>Protein myristoylation: a novel molecular target for colon cancer</i>		
Maruf Saddik	35,000	98-99
Pathology, Medicine, University of Saskatchewan	35,500	99-00
<i>Effect of energy substrate use on recovery of mechanical function in reperfused ischemic hearts</i>		
Malvinder Singh	33,000	98-99
Chemistry, Arts and Science, University of Saskatchewan	35,000	99-00
<i>Novel approaches to DNA-targeted drug development</i>		

Biomedical Equipment Grants

John DeCoteau Pathology, Medicine, University of Saskatchewan <i>PTC-200 DNA Engine; DCode Mutational Screen</i>	22,432	98-99
Susan Kaminskyj Biology, Arts and Science, University of Saskatchewan <i>Alphalmager 1200 System</i>	15,790	98-99
Maruf Saddik Pathology, Medicine, University of Saskatchewan <i>Perfusion Apparatus and Physiograph</i>	5,500	98-99

Socio-Health Grants

Shawna Berenbaum Pharmacy and Nutrition, University of Saskatchewan <i>Food security issues in the preschool population</i>	30,076	98-99
	31,443	99-00
Roland Dyck Medicine, University of Saskatchewan <i>The relationship between low birth weight and the subsequent development of diabetic end stage renal disease among Saskatchewan aboriginal and non-aboriginal people</i>	35,000	98-99
	35,000	99-00
Thomas Hadjistavropoulos Psychology, Arts, University of Regina <i>The application of psychosocial tools in the measurement of elders' pain</i>	34,817	98-99
	34,998	99-00
Muriel Montbriand Psychiatry, Medicine, University of Saskatchewan <i>Seniors' perceptions and meanings of illness and healing</i>	34,589	98-99
	18,152	99-00

Socio-Health Establishment Grants

Nazeem Muhajarine Medicine, University of Saskatchewan <i>Adverse birth outcomes, childhood morbidity and health care utilization: towards a research program in child health</i>	34,995	98-99
	34,772	99-00

Socio-Health Development Grants

Robert Moore

4,975 98-99

Psychology, University of Regina

Women's diverse roles in the changing farm economy and the consequences for their health

Conference Grants

Jurado Alfonso

5,000 98-99

International Bio-Informatics Unit

International Bio-Informatics School: HIV/AIDS Workshop '98

Saskatoon, May 1998

Donna Rennie

5,000 98-99

Centre for Agricultural Medicine

First International Congress on Rural Nursing, Towards a Definition of Rural Nursing, Practice, Theory, Research

Saskatoon, October 1998

Appendix 5

Report of Management

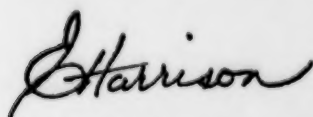
Management is responsible for the integrity of the financial information reported by the Health Services Utilization and Research Commission. Fulfilling this responsibility requires the preparation and presentation of financial statements and other financial information in accordance with generally accepted accounting principles which are consistently applied, with any exceptions specifically described in the financial statements.

The accounting system used by the Commission includes an appropriate system of internal controls to provide reasonable assurance that:

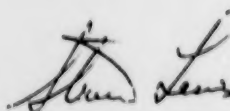
- transactions are authorized;
- the assets of the Commission are protected from loss and unauthorized use; and
- the accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

To ensure management meets its responsibilities for financial reporting and internal control, the members of the Commission discuss audit and financial reporting matters with representatives of management at regular meetings. The Commission members have also reviewed the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited the Commission's balance sheet and statements of revenue, expenditure and changes in fund balance and changes in financial position. His responsibility is to express an opinion on the fairness of management's financial statements. The Auditor's report outlines the scope of his audit and his opinion.



E. L. Harrison, PhD, MSc, BPT
Chair



Steven Lewis
Chief Executive Officer

Saskatoon, Saskatchewan
February 7, 2000

Appendix 6

Financial Statements and Auditor's Report

Health Services Utilization
and Research Commission
For the year ended March 31, 1999



Provincial Auditor Saskatchewan

1500 Chateau Tower
1920 Broad Street
Regina, Saskatchewan
S4P 3V7

Phone: (306) 787-6366
Fax: (306) 787-6383
Internet e-mail: info@auditor.sk.ca

AUDITOR'S REPORT

To the Members of the Legislative Assembly of Saskatchewan

I have audited the balance sheet of the Health Services Utilization and Research Commission as at March 31, 1999 and the statements of revenue, expenses and changes in fund balance and cash flows for the year then ended. The Commission's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Health Services Utilization and Research Commission as at March 31, 1999 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles.

Regina, Saskatchewan
February 7, 2000

Wayne Strelloff, CA
Provincial Auditor

**HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
BALANCE SHEET
As at March 31**

	<u>1999</u>				<u>1998</u>
	<u>Operating Fund</u>	<u>HealNet Research Project (Note 9)</u>	<u>SPHERU (Note 10)</u>	<u>Total</u>	<u>Total</u>
ASSETS					
Current assets:					
Cash	\$ 242,092	\$ 150	\$ ---	\$ 242,242	\$ ---
Accrued interest receivable	10,781	---	---	10,781	48,688
Accounts receivable	96,828	11,600	---	108,428	49,925
Short-term investments (Note 2(e) and 3)	1,138,476	121,383	974,611	2,234,470	1,889,593
Prepaid expenses	<u>17,822</u>	<u>764</u>	<u>---</u>	<u>18,586</u>	<u>760</u>
	1,505,999	133,897	974,611	2,614,507	1,988,966
Long-term investments (Note 2(e) and 3)	3,231,790	---	---	3,231,790	3,267,127
Capital assets (Note 2(c) and 5)	<u>100,178</u>	<u>12,639</u>	<u>---</u>	<u>112,817</u>	<u>141,472</u>
Total assets	<u>\$ 4,837,967</u>	<u>\$ 146,536</u>	<u>\$ 974,611</u>	<u>\$ 5,959,114</u>	<u>\$ 5,397,565</u>
LIABILITIES BALANCE					
Liabilities:					
Bank indebtedness	\$ ---	\$ ---	\$ ---	\$ ---	\$ 71,495
Accounts payable	27,168	2,738	---	29,906	96,638
Payroll liabilities	9,707	1,535	---	11,242	---
Grants payable	1,660,005	---	---	1,660,005	1,570,197
Deferred Revenue	<u>6,666</u>	<u>---</u>	<u>---</u>	<u>6,666</u>	<u>---</u>
Total liabilities	<u>1,703,546</u>	<u>4,273</u>	<u>---</u>	<u>1,707,819</u>	<u>1,738,330</u>
Fund balances:					
Externally restricted	---	142,263	974,611	1,116,874	661,075
Internally restricted	8,890	---	---	8,890	---
Unrestricted	<u>3,125,531</u>	<u>---</u>	<u>---</u>	<u>3,125,531</u>	<u>2,998,160</u>
Fund balances (Statement 2)	<u>3,134,421</u>	<u>142,263</u>	<u>974,611</u>	<u>4,251,295</u>	<u>3,659,235</u>
Total liabilities & fund balance	<u>\$ 4,837,967</u>	<u>\$ 146,536</u>	<u>\$ 974,611</u>	<u>\$ 5,959,114</u>	<u>\$ 5,397,565</u>

(See accompanying notes to the financial statements)

**HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
STATEMENT OF REVENUE, EXPENSES AND
CHANGES IN FUND BALANCE
Year Ended March 31**

	1999		1998			
	Operating Fund		HealNet Research Project	SPHERU	Total	Total
	Budget (Note 8)	Actual	(Note 9)	(Note 10)		
Revenue:						
Saskatchewan Health						
General Revenue Fund	\$2,358,000	\$2,108,000	\$ ---	\$ 250,000	\$2,358,000	\$2,358,000
Federal Government						
Medical Research Council of Canada	141,000	41,576	---	---	41,576	---
Health Transition Fund	244,000	227,520	---	---	227,520	---
Waiting List Research Project	---	---	---	---	---	30,073
HealNet Research Project	---	---	245,000	---	245,000	272,543
Recoveries	---	73,025	---	---	73,025	92,108
Interest	265,000	351,785	---	---	351,785	327,832
Miscellaneous	15,000	25,758	---	---	25,758	8,859
Total revenue	<u>3,023,000</u>	<u>2,827,664</u>	<u>245,000</u>	<u>250,000</u>	<u>3,322,664</u>	<u>3,089,415</u>
Expenses:						
Student grants	---	---	---	---	---	2,815
Research grants	1,200,000	1,338,120	20,000	---	1,358,120	1,426,754
Wages and benefits	741,131	703,295	162,558	---	865,853	839,843
Administrative and operating expenses	815,904	312,176	85,949	11,527	409,652	278,756
Honoraria and expenses of the board and committees	22,710	28,022	---	---	28,022	48,152
Amortization expense	---	29,849	5,837	---	35,686	33,851
Rent	27,500	28,328	3,330	---	31,658	29,355
Loss on disposal of capital assets	---	1,613	---	---	1,613	---
Total expenses	<u>2,807,245</u>	<u>2,441,403</u>	<u>277,674</u>	<u>11,527</u>	<u>2,730,604</u>	<u>2,659,526</u>
Excess of revenue over expenses	<u>\$ 215,755</u>	386,261	(32,674)	238,473	592,060	429,889
Fund balance, beginning of year		2,998,160	174,937	486,138	3,659,235	3,229,346
Transfer between funds (Note 10)		<u>(250,000)</u>	---	<u>250,000</u>	---	---
Fund balance, end of year (Statement 1)		<u>\$3,134,421</u>	<u>\$ 142,263</u>	<u>\$ 974,611</u>	<u>\$4,251,295</u>	<u>\$ 3,659,235</u>

(See accompanying notes to the financial statements)

**HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
STATEMENT OF CASH FLOWS
For the Year Ended March 31**

	<u>Operating Fund</u>	<u>HealNet Research Project (Note 9)</u>	<u>SPHERU (Note 10)</u>	<u>Total 1999</u>	<u>1998</u>
Cash provided by (used in):					
Operating activities:					
Excess of revenue over expenses (Statement 2)	\$ 386,261	\$ (32,674)	\$ 238,473	\$ 592,060	\$ 429,889
Non-cash expenses:					
Amortization expense	29,849	5,837	---	35,686	33,851
Loss on disposal of capital assets	1,613	---	---	1,613	---
Net Changes in non-cash working capital (Note 4)	<u>7,629</u>	<u>(5,067)</u>	<u>---</u>	<u>2,562</u>	<u>227,078</u>
	<u>425,352</u>	<u>(31,904)</u>	<u>238,473</u>	<u>631,921</u>	<u>690,818</u>
Investment activities:					
Decrease(Increase) in short-term investments	109,831	33,765	(488,473)	(344,877)	(698,234)
Decrease (increase) in long-term investments	<u>35,337</u>	<u>---</u>	<u>---</u>	<u>35,337</u>	<u>(30,101)</u>
	<u>145,168</u>	<u>33,765</u>	<u>(488,473)</u>	<u>(309,540)</u>	<u>(728,335)</u>
Financing activities:					
Purchases of capital assets	(7,040)	(1,711)	---	(8,751)	(27,413)
Proceeds from disposal of capital assets	<u>107</u>	<u>---</u>	<u>---</u>	<u>107</u>	<u>---</u>
	<u>(6,933)</u>	<u>(1,711)</u>	<u>---</u>	<u>(8,644)</u>	<u>(27,413)</u>
Net increase (decrease) in cash	563,587	150	(250,000)	313,737	(64,930)
Cash, beginning of year	(71,495)	---	---	(71,495)	(6,565)
Transfers between funds (Note 10)	<u>(250,000)</u>	<u>---</u>	<u>250,000</u>	<u>---</u>	<u>---</u>
Cash, end of year	<u>\$ 242,092</u>	<u>\$ 150</u>	<u>\$ ---</u>	<u>\$ 242,242</u>	<u>\$ (71,495)</u>

(See accompanying notes to the financial statements)

HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
NOTES TO THE FINANCIAL STATEMENTS
March 31, 1999

1. Establishment of the Commission

Order in Council 165/92 established the Health Services Utilization and Research Commission as a Crown corporation on February 20, 1992. The Commission has been continued pursuant to *The Health Services Utilization and Research Commission Act*. The Commission reviews, analyzes and makes recommendations as to the most effective utilization of health services in Saskatchewan and provides research funding.

2. Accounting Policies

The Health Services Utilization and Research Commission maintains its accounts using generally accepted accounting principles including the following significant accounting policies:

a) Fund Accounting

The accounts of the Commission are maintained in accordance with the principles of restricted fund accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following funds:

i) Operating Fund

The operating fund reflects the primary operations of the Board including Saskatchewan Health - General Revenue Fund revenues received to provide research funding to various researchers and to conduct in-house utilization research. Other revenue consists of Federal Government grants not restricted to HealNet Research Project, recoveries, interest and miscellaneous revenue. Expenses consist of the research grants awarded, cost of in-house utilization research and administrative costs.

ii) Restricted Fund - HealNet Research Project

The HealNet Research Project Fund reflects revenue received from the Networks of Centres of Excellence Program (Federal Government) designated for the Project. Expenses consist of costs of in-house and contract research staff and administrative costs.

iii) **Restricted Fund – Saskatchewan Population Health and Evaluation Research Unit (SPHERU).**

The SPHERU Fund reflects transfers from the Health Services Utilization and Research Commission, and revenue from Saskatchewan Health – General Revenue Fund for the Unit. Expenses consist of rent, board expenses and administrative costs.

b) **Research Grants**

Annual Competitions

The Health Services Utilization and Research Commission holds annual competitions through which funds are awarded to successful applicants for terms of up to two years. The Commission follows the policy of recording the grant awards approved and committed during the year as expenditures. At year end, awards which have not been paid to individuals or to institutions administering awards on behalf of researchers but which are still committed for a competition are shown as grants payable on the balance sheet.

The balance of funds advanced to administering institutions in excess of the current requirements of researchers is held in trust by those institutions until drawn down by the researchers. In the event of the completion or termination of a project, or non-compliance with the terms of an award, the balance of unexpended funds is treated as a recovery in the year that this is determined. These funds are then available to be awarded for future research.

c) **Capital Assets**

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets are amortized on a straight-line basis over their estimated useful lives (3 to 10 years).

d) **Revenue**

Operating and restricted fund revenue is recorded in the year it is received or receivable.

e) **Investments**

Investments are valued at the lower of amortized cost or net realizable value.

3. Investments

	1999		1998	
	Carrying Value	Effective Rate	Carrying Value	Effective Rate
Short-term investments	\$ 2,234,470	4.7-7.6%	\$ 1,889,593	4.7-7.7%
Long-term investments:				
CIBC Strip Bonds, mature in 4 years	567,361	6.3%	531,151	6.3%
Province of Saskatchewan Strip Bonds, mature in 1-3 years	963,467	6.0 - 8.7%	896,332	6.0-8.7%
Province of British Columbia Strip Bonds, mature in 4-6 years	1,195,878	6.1 - 6.5%	1,334,708	6.1-6.5%
Province of Ontario Bond, matured	---	---	247,630	7.6%
Ontario Hydro Strip Bond, matures in 1 year	276,884	8.2%	257,306	8.2%
Province of Saskatchewan Savings Bond, matures in 4 years	<u>228,200</u>	5.0%	<u>---</u>	---
	<u>3,231,790</u>		<u>3,267,127</u>	
	<u>\$ 5,466,260</u>		<u>\$ 5,156,720</u>	

4. Changes in Components of Non-Cash Working Capital

	Operating Fund	HealNet Research Project	Total 1999	1998
Decrease (increase) in accrued interest receivable	\$ 37,907	\$ ---	\$ 37,907	\$ (1,515)
(Increase) in accounts receivable	(53,783)	(4,720)	(58,503)	(41,627)
(Increase) in prepaid expenses	(17,062)	(764)	(17,826)	---
(Decrease) in accounts payable	(65,614)	(1,118)	(66,732)	(65,544)
Increase in payroll liabilities	9,707	1,535	11,242	---
Increase in grants payable	89,808	---	89,808	335,764
Increase in deferred revenue	<u>6,666</u>	<u>---</u>	<u>6,666</u>	<u>---</u>
Net changes in non-cash working capital	<u>\$ 7,629</u>	<u>\$ (5,067)</u>	<u>\$ 2,562</u>	<u>\$ 227,078</u>

5. Capital Assets

	1999		1998
	Cost	Accumulated Amortization	Net Book Value
Furniture & Equipment	\$ 236,504	\$ 123,687	\$ 112,817
			\$ 141,472

6. Related Party Transactions

Included in these financial statements are transactions with various Saskatchewan Crown Corporations, departments, agencies, boards and commissions related to the Commission by virtue of common control by the Government of Saskatchewan, and non-Crown corporations and enterprises subject to joint control and significant influence by the Government of Saskatchewan (collectively referred to as "related parties").

Routine operating transactions with related parties are recorded at the standard rates charged by those organizations and are settled on normal trade terms. These transactions, and amounts outstanding at year end are as follows:

	1999	1998 (restated)
Research grant, administrative and occupancy expenses:		
Regina District Health Board	\$ —	\$ 30,277
University of Regina	74,790	51,062
University of Saskatchewan	1,296,760	1,254,714
Saskatoon District Health Board	47,982	109,024
Moose Jaw-Thunder Creek Health District	499	9,654
Saskatchewan Health	31,181	16,022
Prince Albert Health District	10,239	---
Capital Pension Plan - employee benefits	22,495	29,372
Accounts payable	18,122	20,437
Grants payable	1,660,005	1,570,197

The Commission pays Saskatchewan Education and Health Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Other transactions with related parties and amounts due to or from them are described separately in these financial statements and the notes thereto.

7. Financial Instruments

The Commission has the following financial instruments: accrued interest receivable, accounts receivable, investments, accounts payable, and grants payable. The following paragraphs disclose the significant aspects of these financial instruments.

a) Significant terms and conditions

There are no significant terms and conditions associated with the financial instruments, other than investments, that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for investments are described separately in these financial statements and the notes thereto.

b) Interest rate risk

The Commission is exposed to interest rate risk when the value of its financial instruments fluctuate due to changes in market interest rates.

The Commission's receivables and payables are non-interest bearing. Due to the short-term nature of these, as well as cash and short-term investments, interest rate risk is minimal.

As market interest rates fluctuate the market value of long-term investments moves in the opposite direction. This risk will affect the price the Commission could sell the investments for prior to maturity.

c) Credit risk

The Commission is exposed to credit risk from potential non-payment of accounts receivable or investment income and principal.

Most of the Commission's receivables are from provincial and federal governments, therefore the credit risk is minimal.

The Commission's investments consist of provincial and federal government bonds, promissory notes, treasury bills and bankers acceptances with large Canadian banks. Therefore, credit risk for investments and related accrued interest receivable is minimal.

d) Fair Value

For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:

Accrued interest receivable
Accounts receivable
Short-term investments
Accounts payable
Payroll liabilities
Grants payable

The fair value of long-term investments is \$ 3,570,077 (1998 - \$3,362,770). The fair value is considered to approximate quoted market values.

8. Budget

These amounts represent the operating budget approved by the Board on June 11, 1998.

9. Networks of Centres of Excellence Program (NCE) - HealNet Research Project

In September 1995, the Commission was awarded approximately \$1 million from the Federal Government as a participant in a NCE Competition. The money is to be received over 3 ½ years and is restricted for research in the area of health evidence-based information and decision tools. The restricted contributions are recognized as revenue of the HealNet Research Project funds when received or receivable.

During the year, the Federal Government approved an allocation of operating grants of \$245,000 (1998 - \$272,543). It includes the final payment for the project.

The Commission used \$277,674 (1998 - \$241,927) of the money received during the 1998/99 year. Under the terms of the agreement, the Commission is allowed to retain unused funding for use in the 1999/2000 year.

10. Saskatchewan Population Health Evaluation and Research Unit (SPHERU)

In 1998, the Health Services Utilization and Research Commission (HSURC), the Medical Research Council of Canada and the Provincial Government agreed to establish a Saskatchewan Population Health and Evaluation Research Unit. This Unit will focus on enhancing health and social planning, evaluating health system changes, improving health information use for planning and evaluation and health policy development.

During the year, Saskatchewan Health and HSURC provided \$250,000 each. The Commission spent \$11,527 during the year (1998 - \$13,862). Unused funding is retained for use in the 1999/2000 year.

11. Uncertainty due to the Year 2000 Issue

The Year 2000 Issue arises because many computerized systems use two digits rather than four to identify a year. Date-sensitive systems may recognize the year 2000 as 1900 or some other date, resulting in errors when information using year 2000 dates is processed. In addition, similar problems may arise in some systems which use certain dates in 1999 to represent something other than a date. The effects of the year 2000 Issue may be experienced before, on, or after January 1, 2000, and, if not addressed, the impact on operations and financial reporting may range from minor errors to significant systems failure which could affect the Board's ability to conduct normal business operations. It is not possible to be certain that all aspects of the Year 2000 Issue affecting the Board, including those related to the efforts of customers, suppliers, or other third parties, will be fully resolved.

12. Subsequent Event

On July 9, 1999, the Restricted Fund – Saskatchewan Population Health and Evaluation Research Unit (SPHERU) was incorporated as a separate entity under *The Non-Profit Corporations Act, 1995* as Saskatchewan Population Health and Evaluation Research Unit, Inc.

Under a memorandum of understanding, signed October 31, 1999, HSURC will pay SPHERU \$250,000 per year for the next eight years.

13. Comparative Figures

Certain comparative figures have been restated to conform with the current year's presentation.



HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION

Box 46 103 Hospital Drive • Saskatoon, Saskatchewan S7N 0W8
Telephone: (306) 655-1500 • Fax: (306) 655-1462
<http://www.sdh.sk.ca/hsurc/>

PAYEE LIST FISCAL YEAR APRIL 1, 1998 - MARCH 31, 1999

Personal Services

Listed are individuals who received payments for salaries, wages, honoraria, etc. which total \$2,500 or more.

Andre, Glenn	\$ 4,107	
Baran, Pat	18,712	
Barry, Joanne	21,013	
Basky, Greg	53,587	
Benson, Ben	5,734	
Bold, June	65,731	
Brossart, Bonnie	32,094	
Chapdelaine, Raquel	8,398	
Chessie, Kelly	39,411	
Crockford, Barb	22,500	
Dutchak, Jacqueline	20,177	
Foreman, Jeanette	29,116	
Hader, Joanne	26,634	
Hanson, Lori	24,560	
Kelly, Mark	4,107	
Lewis, Steven	112,010	(\$97,400 salary plus 15% in lieu of benefits)
Liu, Liyan	23,333	
McDonald, Paul	28,766	
Nisbet, Barb	32,331	
Poudrier, Jennifer	3,920	
Thompson, Laurie	55,554	
Wailing, Sherry	15,432	
White, Robin	42,861	
Ziegler, Valerie	8,625	
Payees under \$2,500	<u>16,194</u>	

\$714,907

Travel

All	\$ 78,809
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Transfers

Listed by program, are transfers to institutions who received \$5,000 or more to administer HSURC grants.

Fellowships (Postdoctoral and Clinical Research)

• University of Saskatchewan	\$510,904
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Biomedical Establishment and Equipment Grants

• University of Saskatchewan	\$488,399
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Socio-Health Research and Development Grants

• University of Regina	\$ 74,790
• University of Saskatchewan	<u>254,027</u>
	\$328,817

Conference Grants

• University of Saskatchewan	\$ 10,000
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Supplier Payments

Listed are payees who received \$20,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

Capital Pension Plan	\$ 22,495
Houghton Boston	20,806
Kouri Research	64,461
Moore, Chamberlin & Associates	57,572
PRA Inc	92,472
Receiver General for Canada	33,841
Saskatchewan Health	31,081
Saskatoon District Health	40,074
University of Saskatchewan	31,455
Payees under \$20,000	<u>204,511</u>
	\$598,768